



STATE OF HAWAII DEPARTMENT OF HEALTH – CLEAN AIR BRANCH
919 Ala Moana Boulevard, Room 203
Honolulu, Hawaii 96814

Phone: (808) 586-4200

Fax: (808) 586-4359



Website: <http://health.hawaii.gov/cab/>

Email Address: cab@doh.hawaii.gov

SLEIS ELECTRONIC SUBSCRIBER AGREEMENT FORM

Facility ID: _____
Facility Permit #(s): _____
Facility Name: _____
Company Name: _____
Facility Location: _____

Responsible Official Name: _____
Title: _____
Street 1: _____
Street 2: _____
City, State and Zip Code: _____
Telephone (Area Code + Number): _____
E-Mail: _____
Fax number: _____

I, _____
Responsible Official (as defined in Hawaii Administrative Rules §11-60.1-1)

- Understand this form allows me to submit Emissions Inventory System (EIS) documents electronically to the Hawaii Department of Health-Clean Air Branch (DOH-CAB) approved State & Local Emissions Inventory System (SLEIS) at <https://eha-test-cloud.doh.hawaii.gov/sleis/> in lieu of paper submissions.
- Agree to protect my unique electronic signature information for the DOH-CAB on-line SLEIS reporting application from compromise and from use by anyone except me. Specifically, I agree to maintain the secrecy of the password; I will not divulge or delegate my username and password to any other individual; I will not store my password in an unprotected location; and I will not allow my password to be written into computer scripts to achieve automated login.
- Agree to contact the DOH-CAB SLEIS Administrator at sleisadmin@doh.hawaii.gov as soon as possible, but no later than 24 hours, after suspecting or determining that my account username and/or password have become lost, stolen or otherwise compromised.
- Agree that I will review the contents of all electronic submissions to the DOH-CAB SLEIS website prior to submission and make all reasonable inquiry as to the accuracy and completeness of the information.
- Understand and agree that I will be legally bound, obligated, and responsible by my use of my electronic signature with the DOH-CAB SLEIS website as I would be using my hand-written signature.
- Understand that I will automatically receive an email receipt from the DOH-CAB SLEIS website for any submittal that contains a valid electronic signature, identifying the document received, the signatory, and

the date of the receipt.

- Agree that I will contact the DOH-CAB SLEIS Administrator at sleisadmin@doh.hawaii.gov if I do not receive an email receipt as specified above within five (5) business days for any submittal to the DOH-CAB SLEIS website.
- Understand that I will have the opportunity to review the document submitted to the DOH-CAB SLEIS website in a human-readable format and an opportunity to repudiate the electronic document based on this review.
- Understand that the DOH-CAB SLEIS website will automatically reject any electronic document submitted without a valid electronic signature if such signature is required.
- Understand that the DOH-CAB may contact my immediate supervisor and/or company official(s) regarding my role as an authorized individual/signatory for this facility and to verify my identity.
- Agree to notify the DOH-CAB SLEIS Administrator at sleisadmin@doh.hawaii.gov if I cease to represent the facility specified above as signatory of the company's electronic submittals to the DOH-CAB SLEIS website.
- Agree to retain a copy of this signed agreement as long as I continue to represent the facility specified above as signatory of the company's electronic submittals to the DOH-CAB SLEIS website.

ACKNOWLEDGMENT

For each signatory:

STATE OF HAWAII

COUNTY OF _____

On the _____ day of _____, in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted executed the instrument.

Signature of Notary Public

SEAL

My Commission Expires on: _____